

# CITY OF LAS VEGAS

## SUPERVISOR'S REPORT OF REASONABLE SUSPICION

### (Confidential)

#### GENERAL INFORMATION:

Employee Name: \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
 Department/Division: \_\_\_\_\_  
 Date of Observation: \_\_\_\_\_ Time: \_\_\_\_\_  
 Location: \_\_\_\_\_

#### PERSONS OBSERVING BEHAVIOR: (At least two people required.)

\_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_

#### SUSPICION TYPE

#### CHECK THE FOLLOWING:

<input type="checkbox"/> Alcohol <input type="checkbox"/> Controlled Substance	Is the employee sick or injured? _____ NO _____ YES Is the employee diabetic? _____ NO _____ YES Is the employee epileptic? _____ NO _____ YES Is the employee aware of any condition which may affect his/her ability to do his/her job? _____ NO _____ YES If yes, list: _____ Is the employee taking any prescribed or non-prescribed medication: _____ NO _____ YES If yes, list medication: _____
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#### OBSERVATIONS: (Check all appropriate items.)

##### ABILITY TO WALK

☐ FALLING  
☐ GRASPING FOR SUPPORT  
☐ MOVED IN CIRCLES  
☐ ON HANDS AND KNEES  
☐ NORMAL  
☐ STAGGERING  
☐ SWAYING  
☐ UNABLE TO WALK

##### APPEARANCE

☐ NORMAL  
☐ DISHEVELED  
☐ DIRTY  
☐ ODOR

##### ACTIONS

☐ CRYING  
☐ PROFANITY  
☐ PUNCHING  
☐ RESISTING  
☐ SLEEPY  
☐ THREATENING

##### MOVEMENT OF HANDS

☐ TREMBLING  
☐ UNCOORDINATED

##### ABILITY TO STAND

☐ NEED SUPPORT  
☐ NORMAL  
☐ RIGID  
☐ SAGGING KNEES  
☐ SWAYING  
☐ UNABLE TO STAND

##### RESPIRATION

☐ DEEP  
☐ GASPING  
☐ LABORING  
☐ NORMAL  
☐ RAPID  
☐ SHALLOW  
☐ SLOW

##### EYES

☐ BLOODSHOT  
☐ CONSTRICTED  
☐ CONTACTS/GLASSES  
☐ DILATED  
☐ DROOPY LIDS  
☐ NORMAL  
☐ WATERY

##### SPEECH

☐ ABUSIVE  
☐ BOISTEROUS  
☐ CONFUSED  
☐ CRYING  
☐ HOARSE  
☐ INCOHERENT  
☐ NORMAL  
☐ RAMBLING  
☐ RAPID  
☐ SHOUTING  
☐ SILENT  
☐ SLOBBERING  
☐ SLOW  
☐ SLURRED  
☐ STUTTERING  
☐ WHINING  
☐ WHISPERING

##### FACE

☐ FLUSHED  
☐ PALE

##### ODOR OF ALCOHOL

☐ NO  
☐ YES

#### SIGNATURES: (At least two signatures required.)

_____ Print Name	_____ Signature	_____ Date
_____ Print Name	_____ Signature	_____ Date